Naperville Acupuncture Center

1801 North Mill Suite G, Naperville, IL 60563

630-369-3237 www.naperacucenter@sbcglobal.net

Health History Questionnaire and Registration

PATIENT INFORMATION	CONTACT INFORMATION
Date _____	Home phone_____
Name _____	Work phone_____
Address _____	Cell/Other phone _____
City, State, Zip _____	Email _____
Age _____ Date of Birth_____	Emergency Contact _____
Occupation_____	Name _____
Company name _____	Home phone _____
Primary physician _____	Work phone _____
How did you hear about us? _____	Cell phone/other _____

Health Concerns	Finding our Clinic
Please list your main health concerns 1) _____ 2) _____ 3) _____ 4) _____ 5)_____	We are located on the North ~ West corner of Mill St. and Diehl Rd. Turn into Naperville Office Court, turn left before the mailboxes, Suite 1801 G. 

Medical History

Please list ALL medications you are taking:

List any serious illnesses, accidents or surgeries:

Please list any supplements you are taking:

Medical History

- ☐ Bleeding Tendency
- ☐ Cancer
- ☐ Chicken pox
- ☐ CVA (stroke)
- ☐ Diabetes
- ☐ Emphysema
- ☐ Epilepsy
- ☐ Heart disease
- ☐ Hepatitis
- ☐ HIV
- ☐ Jaundice
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Lung Disease
- ☐ Measles
- ☐ Meningitis
- ☐ Mononucleosis
- ☐ Mumps
- ☐ Nervous disorder
- ☐ Paralysis
- ☐ Pneumonia
- ☐ Polio
- ☐ Rheumatic fever
- ☐ Spleen Disease
- ☐ Stomach Disease
- ☐ Thyroid disorder
- ☐ Tuberculosis
- ☐ Vein Condition
- ☐ Blood disorder

Musculoskeletal

Pain, weakness, numbness in (indicate right or left):

- ☐ Arm
- ☐ Wrist
- ☐ Hand
- ☐ Elbow
- ☐ Shoulder
- ☐ Leg
- ☐ Ankle
- ☐ Knee
- ☐ Hip
- ☐ Back
- ☐ Neck
- ☐ Other

Cardiovascular

- ☐ High blood pressure
- ☐ Blood clots
- ☐ Low blood pressure
- ☐ Fainting
- ☐ Chest pain
- ☐ High Cholesterol
- ☐ Difficulty breathing
- ☐ Tachycardia
- ☐ Palpitations
- ☐ Cold hands/feet
- ☐ Irregular Heartbeat
- ☐ Other

Eyes/Ears/Nose/Throat

- ☐ Allergies
- ☐ Blurry vision
- ☐ Cataracts
- ☐ Dry mouth
- ☐ Eye Pain
- ☐ Facial Pain
- ☐ Grinding teeth
- ☐ Itchy Eyes
- ☐ Nose bleed
- ☐ Ringing in ears
- ☐ Sinus Problems
- ☐ Sore throat
- ☐ TMJ
- ☐ Headaches/tension/ migraine/sinus/other

Respiratory

- ☐ Shortness of Breath
- ☐ Tightness in Chest
- ☐ Asthma
- ☐ Cough, Dry
- ☐ Cough, Productive

Skin And Hair

- ☐ Rashes
- ☐ Hives
- ☐ Ulcerations
- ☐ Eczema
- ☐ Psoriasis
- ☐ Itching
- ☐ Fungal Infections
- ☐ Hair Loss

Neurological

- ☐ Anxiety
- ☐ Depression
- ☐ Seizure
- ☐ Easily Stressed
- ☐ Irritability
- ☐ Poor Memory
- ☐ Difficulty Sleeping

Genito-Urinary

- ☐ Bed-wetting
- ☐ Blood in Urine
- ☐ Frequent Urination
- ☐ Incomplete Urination
- ☐ Kidney Stone
- ☐ Pain with Urination
- ☐ Venereal Disease

Gastrointestinal

- ☐ Belching, gas or bloating
- ☐ Acid Reflux
- ☐ Bad Breath
- ☐ Bloody Stool
- ☐ Burning Pain
- ☐ Constipation
- ☐ Cramping
- ☐ Diarrhea
- ☐ Gallstones
- ☐ Laxative use
- ☐ Nausea
- ☐ Vomiting
- ☐ Hemorrhoids

Men's Health

- ☐ Swollen Testes
- ☐ Testicular Pain
- ☐ Erectile Dysfunction
- ☐ Premature Ejaculation
- ☐ Coldness or numbness
- ☐ Testicular cysts
- ☐ Enlarged Prostate

Women's Health

- ☐ Bleeding Between Periods
- ☐ Endometriosis
- ☐ Hysterectomy
- ☐ Irregular cycle
- ☐ Painful Period
- ☐ PCOS
- ☐ Uterine Fibroids
- ☐ Vaginal Discharge
- ☐ Menopausal Symptoms

The information on this form is correct to the best of my knowledge.

Signature_____ Date _____